



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

REGULAR GRIEVANCE

Log Number: _____

BURKE, CONRAD	1201SSO	72-116	72-116
Last Name, First	Number	Building	Cell/Bed Number
Individuals Involved in Incident Geo Group INC.	05/10/18 date gr. filed Date of incident 04/22/18		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

IN reference to INF-01167 on 04/22/18 I
Lodged E.G. #137220 in regards to a filing that has come
out my tooth and I'm suffering in unbearable,
excruciating, pains. I WASNT AND haven't been
seen by no medical/dental professional
as date below.

RECEIVED

MAY 18 2019

Ombudsman Unit
Eastern Region

What action do you want taken? Compensation / Dental Care

Grievant's Signature: M. C. B.

Date: 05/10/18

Warden/Superintendent's Office: _____

Date Received: _____

EXHIBIT

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MAY 14 2018

Revision Date: 4/28/17

GRIEVANCE DEPT



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INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input checked="" type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: <u>Emergency grievance receipt</u>
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: C Jones

Date: 5-14-18

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: K Cooby

Date: 5/18/18

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____